

Application Data Sheet

**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	MODULATORS OF THE DEVELOPMENT OF MYCHORRIZAL FUNGI WITH ARBUSCULES, AND USES THEREOF
Attorney Docket Number::	0509-1107
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: GUILLAUME  
Middle Name::  
Family Name:: BECARD  
Name Suffix::  
City of Residence:: ODARS  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 13 LOTISSEMENT BEL HORIZON  
Address::  
City of Mailing Address:: ODARS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 31450

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: CHRISTOPHE  
Middle Name::  
Family Name:: ROUX  
Name Suffix::  
City of Residence:: VERNET  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 14 RUE DE LA MARTINIQUE  
Address::  
City of Mailing Address:: VERNET

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 31810

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: NATHALIE  
Middle Name::  
Family Name:: SEJALON-DELMAS  
Name Suffix::  
City of Residence:: NAILLOUX  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: CHEMIN TREGAN  
City of Mailing Address:: NAILLOUX  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 31560

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: VIRGINIE  
Middle Name::  
Family Name:: PUECH  
Name Suffix::  
City of Residence:: TOULOUSE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 22 RUE VIRGILE

Address::

City of Mailing Address:: TOULOUSE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 31400

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: SÉBASTIEN

Middle Name::

Family Name:: ROY

Name Suffix::

City of Residence:: BALMA

State or Province of  
Residence::

Country of Residence:: FRANCE

Street of Mailing 23 RUE DE BOURGOGNE

Address::

City of Mailing Address:: BALMA

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 31130

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2005/000284	2/9/05

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0401282	2/10/04	Yes

**Assignment Information**

Assignee Name:: UNIVERSITE PAUL SABATIER  
TOULOUSE III

Street of Mailing 118 ROUTE DE NARBONNE

Address::

City of Mailing Address:: TOULOUSE CEDEX 4

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 31062

**Assignment Information**

Assignee Name:: CENTRE NATIONAL DE LA RECHERCHE  
SCIENTIFIQUE (C.N.R.S.)

Street of Mailing 3 RUE MICHEL ANGE

Address::

City of Mailing Address:: PARIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 75016